

PART B - FEE(S) TRANSMITTAL

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23370 7590 04/26/2006

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Adjustment date: 07/28/2006 MWOLGE2
05/25/2004 SDIRETA2 00000117 09780650
01 FC:1501 -1330.00 OP

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SHIRLEY E. BROSMORE		(Depositor's name)
Shirley E. Brosmore		(Signature)
7/24/06		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,650	02/12/2001	Robert John D'Amato	43170-253692 (05213-0493)	2466

TITLE OF INVENTION: ESTROGENIC COMPOUNDS AS ANTI-MITOTIC AGENTS

07/28/2006 MWOLGE2 00000061 09780650

01 FC:1501 1400.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$70	\$0	\$70	07/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BADIO, BARBARA P	1617	514-182000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 KILPATRICK STOCKTON LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THE CHILDREN'S MEDICAL CENTER

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CORPORATION

BOSTON, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form). DEFERRED

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Shirley E. Brosmore

Date

7/24/06

Typed or printed name

Shirley E. Brosmore

Registration No.

56,167

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